



**State of Missouri
Department of Insurance
Life & Health Section**

Company Name: _____

Form # as it appears on the TD-1: _____

DESCRIPTION OF PROVISIONS FOR INDIVIDUAL MEDICAL EXPENSE			
REVIEW REQUIREMENTS	Citation	Summary	Location in Contract (page and section #) If Applicable
Policy Forms			
Filing submissions	20 CSR 400-8.200	Procedures for filing all policy forms	
Free Look	20 CSR 400-2.010	10 day free look period for all individual and discretionary group policy forms	
Definitions	20 CSR 400-2.060(2)	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Elements of coverage required	20 CSR 400-2.060(3)	Elements of coverage required	-----
Insured in the Military	(A)	If benefits are not provided for those who joined the military; pro-rata unearned refund	
Benefits reduced	(B)	If benefits are reduced due to age, policy must disclose in conspicuous print and location	
Application changes	(C)	Company may disclaim agents authority to alter contract or grant insurability – Prohibits certain language	
Government hospital	(D)	Hospital reimbursement contracts not affected by confinement in government hospital	
Calculating benefits payable	(E)	Deductible shall be applied to allowable expenses prior to applicable coinsurance	
Prohibited language	(F)	Prohibits “accidental means” tests Review Reg. for additional prohibited exclusions	
Alcoholism	(G)	Coverage for hospital or treatment facility for alcoholism treatment. May be limited to 30days	
Essential conditions to be contained	20 CSR 400-2.060(4)	Essential conditions to be contained	-----
Total Disability defined	(C)	Minimum standard for definition of Total Disability	
Residual Disability	(D)	Shall be defined in relation to the insured's reduction in earnings	
Application processing	(E)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Suicide exclusion	(F)	May not exclude coverage for attempted suicide while insane	
Excluded occupational injuries	(G)	May exclude injuries arising in the course of employment	
Variable deductible, individual only	20 CSR 400-2.060(7)	Variable deductible	
Application Questions	20 CSR 400-2.120	Application questions & underwriting practices relating to HIV infection	
Disclosure	375.924	Company address and telephone number	

INDIVIDUAL policies	-----	Required provisions for INDIVIDUAL policies	-----
Entire contract; changes	376.777.1(1) RSMo	Policy, endorsements, attached application(s) constitute the entire contract. "no change shall be valid until approved by an officer and attached"	
Time limit on certain defenses	(2)	Incontestability	
Grace period	(3)	Grace period provision: 31 days for monthly premiums. Not less than 7 days for weekly	
Reinstatement	(4)	Provision indicating the reinstatement of the policy	
Notice of claim	(5)	Written notice of claim given to insurer within 20 days after occurrence	
Claim forms	(6)	Shall furnish claimant with forms with in 15 days. Actions deem to comply	
Proofs of loss	(7)	With in 90 days of the date of loss. Shall not be reduced	
Time of payment of claims	(8)	Provision indicating the immediate payment of claim upon receipt of written proof of loss	
Payment of claims	(9)	Provision indicating benefits payable in accordance with beneficiary designation	
Physical examinations & autopsy	(10)	Examination and autopsy at company expense	
Legal action	(11)	No action at law prior to 60 days; within 3yrs	
Change of beneficiary	(12)	Provision indicating the right to change beneficiary, unless irrevocable	
Optional provisions	-----	Requirements for the language to be contained in the following optional provisions	-----
Change of Occupation	376.777.2(1) RSMo	If insured changes occupation to one that is classified by insurer as more (or less) hazardous	
Misstatement of Age	(2)	If insurers age is misstated, amounts payable shall be as the premium would have purchased at the correct age	
Other Insurance in this Insurer	(3)	Accident and sickness policy previously issued by the insurer	
Insurance with Other Insurers	(4)	Other valid coverage providing benefits for the same loss. "Expense Incurred Benefits"	
Insurance with Other Insurers	(5)	Other valid coverage providing benefits for the same loss. "Other Benefits"	
Relation of Earnings to Insurance	(6)	Provision indicating the insurers liability in proportion to amount of earnings	
Unpaid Premium	(7)	Any premium due and unpaid may be deducted from the payment of a claim	
Cancellation	(8)	Written notice, delivered to insured's last known address	
Conformity with State Statutes	(9)	Any provision which is in conflict with statutes of the state which insured resides, policy is amended to conform	
Illegal Occupation	(10)	Insurer shall not be liable for loss which contributing cause was an attempt to commit a	

		felony or engaged in an illegal occupation	
Intoxicants and Narcotics	(11)	Insurer shall not be liable for loss sustained by insured being intoxicated of any narcotic unless administered on the advice of a physician.	
Diabetes	376.385	OFFER	
Newborn coverage	376.406	Moment of birth to 31 days. Plus an additional 10 days.	
Clinical Trials	376.429	S.B. 1026 (Eff. 8/28/02)	
Newborn Hearing Screening	376.685/376.1220	Coverage for Newborn hearing screening, necessary rescreening, follow-up	
Public Hospitals	376.778	Payment to public hospitals	
Alcoholism	376.779	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811 are not automatically included or are rejected and the benefits outlined under 376.827 are not provided	
Speech & Hearing	376.781	OFFER	
Mammography	376.782	Minimum requirements	
Elective abortions	376.805	Only as Optional Rider	
Definitions	376.810	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	376.811	OFFER	
Coverage for adopted children	376.816	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	376.820	Prohibited discrimination of child enrollment	
Mental Health & Chemical Dependency	376.825-840	Mental Health & Chemical Dependency Minimums (If Coverage Included)	
Direct access OB/GYN	376.1199	Direct access OB/GYN, Osteoporosis, Contraceptives	
Chemotherapy	376.1200	Chemotherapy/Bone Marrow Transplants - OFFER (in writing)	
Reconstructive surgery following mastectomy	376.1209	Coverage for reconstructive surgery & prosthetic devices following mastectomy	
Minimum maternity benefits	376.1210	48/96 hr inpatient, postdischarge, etc.	
Childhood immunizations	376.1215	Childhood immunizations with no deductible, coinsurance or copayment	
PKU testing and formula	376.1219	Coverage for the treatment of phenylketonuria	
Coverage for hospital dental procedure	376.1225	Coverage for general anesthesia, hospital charges for dental care	
Cancer Screenings	376.1250	Pelvic exam, prostate exam, colorectal exam, etc.	

Cancer Diagnosis- 2 nd Opinion	376.1253	(Eff.1-1-03 // S.B 1026)	
Antigen Testing	376.1275	(Eff.1-1-03 // S.B 1026) Antigen testing – Bone marrow transplantation	
Testing for lead poisoning	376.1290	OFFER	
Definitions UR	376.1350	Definitions UR	
Right to appeal	376.1361.10	Right to appeal for coverage of drugs & durable medical equip.	
UR Determinations	376.1363	Notification requirements for UR determinations	
Determination for emergency services	376.1367	UR or benefit determination for emergencies	
Utilization Review procedures	376.1372	UR procedures in EOC	
Grievance procedures in EOC	376.1378	Includes statement that enrollee can contact MDI at anytime	
Grievance procedures	376.1382	Guidelines for 1 st level grievance procedure identified	
Grievance: second level review	376.1385	Guidelines for 2 nd level grievance	
Expedited review	376.1389	Procedure for an expedited review	
PROHIBITED			
Arbitration	435.350	Arbitration is not allowed in contracts of insurance	
Subrogation & Third party recovery	20CSR 400-2.030	“Subrogation will not be allowed in any plan as distinguished from the rights to recovery”	
Application	375.936 (11)(f) RSMo.	Applications cannot ask if the applicant has been declined for other insurance	

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. The **Bolded** descriptions are areas which MDI frequently requires Insurers to make revisions of their policies or contracts. With respect to ordinary Health & Accident policies, the remaining provisions are similar in substance to NAIC model regulations. **Please refer to the statues and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statues and Regulations always prevails over this checklist.**